

FY 16/17

Title V:

Injury Prevention

Request for Proposal

INDIANA STATE DEPARTMENT OF HEALTH
Division of Maternal and Child Health

APPLICATION DUE DATE

Friday, May 15th, 2015
5:00 PM EST

Please use the **Injury
Prevention RFP** to
complete this document

SECTION 1: INSTRUCTIONS

Please refer to the Title V: Injury Prevention RFP for detailed instructions on how to complete this document. For each section, refer to the corresponding section in the Title V: Injury Prevention RFP.

This is an electronic application. The entire application cannot exceed **50 pages** (including this entire Application attachment, forms, etc.). Applications that exceed the page limit will be considered non-responsive and will not be entered into the review process.

**IMPORTANT: REFER TO TITLE V: EARLY START RFP FOR DETAILED
INSTRUCTIONS ON HOW TO COMPLETE THIS APPLICATION.**

SECTION 2: COMPLETION CHECKLIST

THIS CHECKLIST IS TO ASSIST IN ASSURING EACH SECTION OF THE APPLICATION IS COMPLETE. BEFORE SUBMITTING, PLEASE CONFIRM THAT EACH SECTION IS COMPLETED IN ITS ENTIRITY.

- ☐ Section 2: Completion Checklist
- ☐ Section 3: Application Cover Page
- ☐ Section 4: Summary
- ☐ Section 5: Application Narrative
 - ☐ 5-A: Organizational Capacity/ Background
 - ☐ 5-B: Statement of Need
 - ☐ 5-C: Goals and Objectives
 - ☐ 5-D: Activities
 - ☐ 5-E: Staffing Plan
 - ☐ 5-F: Resource Plan/Facilities
 - ☐ 5-G: Evidence-based Programming
 - ☐ 5-H: Evaluation Plan
 - ☐ 5-I: Sustainability Plan
 - ☐ 5-J: Literature Citations
- ☐ Section 6: Budget
- ☐ Section 7: Required Attachments
 - ☐ 7-A: Bio-sketches
 - ☐ 7-B: Job Descriptions
 - ☐ 7-C: Timeline
 - ☐ 7-D: Outcome Forms
- ☐ Section 8: Additional Required Documents
 - ☐ 8-A: IRS Nonprofit Tax Determination Letter
 - ☐ 8-B: Org Chart & Program-Specific Org Chart
 - ☐ 8-C: Letters of Support / Agreement / MOUs

SECTION 3: IMPORTANT INFORMATION

PROJECT INFORMATION

Project Title:		Amount Requested: \$
Agency Name:		
City:	Zip:	County:
Agency Email:		
Agency Phone: () -		Agency Fax: () -
Agency Website:		
Federal ID Number/ Taxpayer ID:		

CONTACT INFORMATION

Primary Contact:		
Contact Address:		
City:	Zip:	County:
Contact Email:		
Contact Phone: () -	Contact Fax: () -	

REQUIRED SIGNATURES

Signature of Applicant Authorized Executive Official*:

Name:

Position Title:

Signature of Project Director*:

Name:

Position Title:

Signature of Person Authorized to Make Legal and Contractual Agreements*:

Name:

Position Title:

*Typed signature will be accepted

SECTION 4: SUMMARY (1 PAGE)

SUMMARY

--

SECTION 5: APPLICATION NARRATIVE

SECTION 5-A: ORGANIZATION BACKGROUND / CAPACITY

--

SECTION 5-B: STATEMENT OF NEED

--

SECTION 5-C: GOALS/OBJECTIVES

--

SECTION 5-D: ACTIVITIES

--

SECTION 5-E: STAFFING PLAN

--

SECTION 5-F: RESOURCE PLAN/FACILITIES

--

SECTION 5-G: EVIDENCE-BASED PRACTICE

--

SECTION 5-H: EVALUATION PLAN

--

SECTION 5-I: SUSTAINABILITY PLAN

--

SECTION 5-J: LITERATURE CITATIONS (1 PAGE)

--

SECTION 6: BUDGET

***IMPORTANT: REFER TO TITLE V: INJURY PREVENTION RFP FOR DETAILED INSTRUCTIONS ON COMPLETION OF THE BUDGET.**

SECTION 7: REQUIRED ATTACHMENTS

SECTION 7-A: BIO-SKETCHES

Name:		Position Title:	
Education/ Training: <i>(Begin with most recent. Also include other initial professional education, such as nursing)</i>			
Institution and Location	MM/YY of Graduation	Degree (if applicable)	Field of Study

Relevant Employment Experience (<i>Begin with most recent and include the three most relevant experiences.</i>)			
Agency/ Company	Period of Employment	Position Title	Responsibilities

Name:		Position Title:	
Education/ Training: (<i>Begin with most recent. Also include other initial professional education, such as nursing</i>)			
Institution and Location	MM/YY of Graduation	Degree (if applicable)	Field of Study
Relevant Employment Experience (<i>Begin with most recent and include the three most relevant experiences.</i>)			
Agency/ Company	Period of Employment	Position Title	Responsibilities

Name:		Position Title:	
Education/ Training: (<i>Begin with most recent. Also include other initial professional education, such as nursing</i>)			
Institution and Location	MM/YY of Graduation	Degree (if applicable)	Field of Study

Relevant Employment Experience <i>(Begin with most recent and include the three most relevant experiences.)</i>			
Agency/ Company	Period of Employment	Position Title	Responsibilities

Name:		Position Title:	
Education/ Training: <i>(Begin with most recent. Also include other initial professional education, such as nursing)</i>			
Institution and Location	MM/YY of Graduation	Degree (if applicable)	Field of Study
Relevant Employment Experience <i>(Begin with most recent and include the three most relevant experiences.)</i>			
Agency/ Company	Period of Employment	Position Title	Responsibilities

Name:		Position Title:	
Education/ Training: <i>(Begin with most recent. Also include other initial professional education, such as nursing)</i>			
Institution and Location	MM/YY of Graduation	Degree (if applicable)	Field of Study
Relevant Employment Experience <i>(Begin with most recent and include the three most relevant experiences.)</i>			

<i>experiences.)</i>			
Agency/ Company	Period of Employment	Position Title	Responsibilities

SECTION 7-B: JOB DESCRIPTIONS

Position Title	Roles	Responsibilities	Qualifications
	1)	1)	1)
	2)	2)	2)
	3)	3)	3)
	4)	4)	4)
	5)	5)	5)

Position Title	Roles	Responsibilities	Qualifications
	1)	1)	1)
	2)	2)	2)
	3)	3)	3)
	4)	4)	4)
	5)	5)	5)

Position Title	Roles	Responsibilities	Qualifications
	1)	1)	1)
	2)	2)	2)
	3)	3)	3)
	4)	4)	4)
	5)	5)	5)

Position Title	Roles	Responsibilities	Qualifications
	1)	1)	1)
	2)	2)	2)
	3)	3)	3)
	4)	4)	4)
	5)	5)	5)

Position Title	Roles	Responsibilities	Qualifications
	1)	1)	1)
	2)	2)	2)
	3)	3)	3)

	4)	4)	4)
	5)	5)	5)

Position Title	Roles	Responsibilities	Qualifications
	1)	1)	1)
	2)	2)	2)
	3)	3)	3)
	4)	4)	4)
	5)	5)	5)

SECTION 7-C: TIMELINE

		FY 2016			
	Activities	1	2	3	4
PLANNING ACTIVITIES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IMPLEMENTATI ON ACTIVITIES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EEVALUATIO N/ REPORTING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		FY 2017			
	Activities	1	2	3	4
PLANNING ACTIVITIES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IMPLEMENTATI ON ACTIVITIES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVALUATIO N/ REPORTING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 7-D: OUTCOMES FORMS

<u>Service Category:</u>	
<u>Priority Area:</u>	
Activity:	
Outcome 1:	
Outcome 2:	
Outcome 3:	
Outcome 4:	

<u>Service Category:</u>	
<u>Priority Area:</u>	
Activity:	
Outcome 1:	
Outcome 2:	
Outcome 3:	
Outcome 4:	

<u>Service Category:</u>	
<u>Priority Area:</u>	
Activity:	
Outcome 1:	
Outcome 2:	
Outcome 3:	
Outcome 4:	

<u>Service Category:</u>	
<u>Priority Area:</u>	
Activity:	
Outcome 1:	
Outcome 2:	
Outcome 3:	
Outcome 4:	

<u>Service Category:</u>	
<u>Priority Area:</u>	
Activity:	
Outcome 1:	
Outcome 2:	
Outcome 3:	
Outcome 4:	

<u>Service Category:</u>	
<u>Priority Area:</u>	
Activity:	
Outcome 1:	
Outcome 2:	
Outcome 3:	
Outcome 4:	

SECTION 8: ADDITIONAL REQUIRED DOCUMENTS

SECTION 8-A: IRS NONPROFIT TAX DETERMINATION LETTER

SECTION 8-B: ORG CHART & PROGRAM-SPECIFIC ORG CHART

SECTION 8-C: LETTERS OF SUPPORT / AGREEMENT / MOUS